

MEDICAID PURCHASE PLAN (MAPP) INDEPENDENCE ACCOUNT REGISTRATION

Personal information you provide may be used for secondary purposes [(Privacy Law, s. 15.04(1)(m)].

The provision of your social security number is mandatory under the federal Social Security Act. Your social security number will be used to determine eligibility. If you do not provide your social security number, your application will be denied.

Client Name		Social Security Number	Filing Date
CARES Case Number	Worker Number		PIN Number
AALA Liquid Asset Type		AALA Sequence Number	

Date Opened		MAPP Eligibility Determination Date	
Independence Account Type	Independence Account Number	Balance-to-Date	
		\$	
Financial Institution Name		Telephone Number	
Financial Institution Address (Street, City, State, Zip)			

Worker Name	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Reason for Non-Approval (per HFS 103.06(15))		

Copies to:

- Case Record
- Client (or his/her Authorized Representative)
- Medicaid Purchase Plan
Attn: IA Monitor
c/o Center for Delivery Systems Development
1 South Pinckney Street, Room 340
Madison, WI 53701